PTO/SB/81 (02-01)

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Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Express Mail No.: ER 241850974 US Application Numb r herewith Fliling Date William M. Smlth First Named Inventor **POWER OF ATTORNEY OR** Method and Apparatus for an Adjustable Trailer **AUTHORIZATION OF AGENT** Group Art Unit Examiner Name 74088-002 Attorney Docket Number I hereby appoint: 029493 Practitioners at Customer Number Place barcode label here Practitioner(s) named below: Registration Number Name as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Firm or David Chambers, 50,788 X Individual Name Husch & Eppenberger, LLC Address 190 Carondelet Plaza Address 63105 MO Zlp State St. Louis Clty USA Country 309-637-4928 Fax 309-637-4900 Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed, (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record William M. Smith Name - Lean -Signature 9-30-2003 NOTE: Signatures of all the inventors or sasigness of record of the entire interest or their representative(s) are required. Submit multiple

forms are submitted. *Total of Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time you are required to complete this form should be sent to Mail Stop Comments - Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collegitor of information unless it displays a valid OMB control number. **DECLARATION** — Utility or Design Patent Application Customer Number OR Correspondence address below 029493 Direct all correspondence to: or Bar Code Label David Chambers Name Husch & Eppenberger, LLC, 190 Carondelet Plaza, Suite 600 <u>Address</u> 63105 ZIP MO State St. Louis City 309-637-4900 Fax 309-637-4928 Telephone USA Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the tike so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Family Name Given Name Smith or Surname William M. (first and middle [if any]) 9-30-03 inventor's **Signature** Citizenship Country State Residence: U.S. Illinois U.S. Kewanee City 3691 Midland Rd Mailing Address State Country United States of America 61443 Kewanee City A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: Family Name Given Name or Surname (first and middle [if any]) Inventor's Date Signature Country Citizenship State Residence: City Mailing Address

State.

City

Additional inventors are being named on the